



Use in lieu of PTO/SB/17 (08-03)
(Form updated to reflect FY 2004 fees effective 10/1/03)

FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003, Patent fees are subject to annual revision.		Application Number	09/851,952-Conf. #4043
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	May 9, 2001
		First Named Inventor	Theodore H. Fedynyshyn
		Examiner Name	A. Walke
		Art Unit	1752
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	101328-0151
860.00			
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account: Deposit Account Number: 141449 Deposit Account Name: Nutter McClennen & Fish LLP		Large Entity Small Entity	
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		Fee Description	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid	
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Description	
Fee Code Fee (\$)		Fee Paid	
1001 770 2001 385 Utility filing fee			
1002 340 2002 170 Design filing fee			
1003 530 2003 265 Plant filing fee			
1004 770 2004 385 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims 21 -52** =		Extra Claims Fee from below Fee Paid	
Independent Claims 5 -14** =		Fee Paid	
Multiple Dependent		Fee Paid	
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Description	
Fee Code Fee (\$)		Fee Paid	
1202 18 2202 9 Claims in excess of 20			
1201 86 2201 43 Independent claims in excess of 3			
1203 290 2203 145 Multiple dependent claim, if not paid			
1204 86 2204 43 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		00.00	
**or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		(Complete if applicable)	
Name (Print/Type) Reza Mollaaghababa		Registration No. 43,810	
Signature		Telephone (617) 439-2000	
		Date Oct. 22, 2003	

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Fee Transmittal	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown	
Dated Oct 22, 2003	Signature: Reza Mollaaghababa